

SENATE BILL 151
By McNally

AN ACT to amend Tennessee Code Annotated, Title 56, Chapter 32, Part 2; Title 56, Chapter 7 and Section 68-140-502, relative to emergency medical services.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 56-32-202, is amended by adding the following language as new, appropriately designated subdivisions:

(11) "Primary health provider" means any physician, hospital or other person licensed or otherwise authorized in this state to furnish health care services and designated by the HMO as a principal provider;

(12) "Service area" means a geographical area designated by the HMO plan within which a plan shall provide health care services;

(13) "Out-of-area coverage" means coverage while an enrollee/patient is anywhere outside the service area of the HMO plan, and also includes coverage for urgently needed services to prevent serious deterioration of an enrollee/patient's health resulting from unforeseen illness or injury for which treatment cannot be delayed until the enrollee/patient returns to the HMO plan's service area;

(14) "Emergency medical services" means emergency care for a sudden, unexpected onset of a medical condition of such nature that failure to render immediate care would reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in the deterioration to the point of placing

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the patient's life in jeopardy or cause serious impairment to bodily functions or serious dysfunction of any bodily organ or part of the patient. "Emergency medical services" shall include medical screening examinations conducted by hospital emergency departments as required by the C. O. B. R. A. Act as found in 42 U. S. C. Section 1395dd.

SECTION 2. Tennessee Code Annotated, Title 56, Chapter 32, Part 2, is amended by adding the following language as a new, appropriately designated section:

Section _____. Every evidence of coverage delivered or issued for delivery in this state or which is amended or renewed by agreement or otherwise that provides coverage for in-patient hospital care shall include coverage for emergency medical services provided in a hospital facility. Such coverage for emergency medical services shall be provided by the HMO to the enrollee/patient whether or not the emergency provider is specifically designated as a primary health provider by the HMO to furnish such health care services. Such coverage for emergency medical services shall be provided by the HMO to the enrollee/patient, whether or not the emergency provider is in the "service area" and whether or not the emergency provider is "out-of-area coverage".

The enrollee/patient is required to give notice to the HMO within twenty-four (24) hours after becoming stable and physically able to communicate such enrollee/patient's emergency medical admission or treatment.

Nothing in this section shall be construed to increase the HMO's scheduled payments for health care services if such services are provided by a non-primary medical care provider.

SECTION 3. Tennessee Code Annotated, Title 56, Chapter 7, Part 25, is amended by adding the following language as a new, appropriately designated section:

Section____. (a) As used in this part, unless the context otherwise requires:

(1) "Emergency medical services" means emergency care for a sudden, unexpected onset of a medical condition of such nature that failure to render immediate care would reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in the deterioration to the point of placing the patient's life in jeopardy or cause serious impairment to bodily functions or serious dysfunction of any bodily organ or part of the patient. "Emergency medical services" shall include medical screening examinations conducted by hospital emergency departments as required by the C. O. B. R. A. Act as found in 42 U. S. C. Section 1395dd;

(2) "Health insurance provider" means coverage provided by or through any individual, franchise, blanket or group health insurance policy, medical service plan contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, or managed care organization;

(3) "Out-of-area coverage" means coverage while an enrollee/patient is anywhere outside the service area of the health insurance provider, and also includes coverage for urgently needed services to prevent serious deterioration of an enrollee/patient's health resulting from unforeseen illness or injury for which treatment cannot be delayed until the enrollee/patient returns to the health insurance provider's service area;

(4) "Primary health provider" means any physician, hospital or other person licensed or otherwise authorized in this state to furnish health care services and designated by the health insurance provider as a principal provider;

(5) "Service area" means a geographical area designated by the health insurance provider within which such health insurance provider shall provide health care services.

(b) Every evidence of coverage delivered or issued for delivery in this state by a health insurance provider or which is amended or renewed by agreement or otherwise that provides coverage for in-patient hospital care shall include coverage for emergency medical services provided in a hospital facility. Such coverage for emergency medical services shall be provided by the health insurance provider to the enrollee/patient whether or not the emergency provider is specifically designated as a primary health provider by the health insurance provider to furnish such health care services. Such coverage for emergency medical services shall be provided by the health insurance provider to the enrollee/patient, whether or not the emergency provider is in the “service area” and whether or not the emergency provider is “out-of-area coverage”.

The enrollee/patient is required to give notice to the health insurance provider within twenty-four (24) hours after becoming stable and physically able to communicate such enrollee/patient's emergency medical admission or treatment.

Nothing in this section shall be construed to increase the health insurance provider's scheduled payments for health care services if such services are provided by a non-primary medical care provider.

SECTION 5. Tennessee Code Annotated, Section 68-140-502, is amended by adding the following language at the end of subdivision (11):

“Emergency medical services” includes emergency care for a sudden, unexpected onset of a medical condition of such nature that failure to render immediate care would reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in the deterioration to the point of placing the patient's life in jeopardy or cause serious impairment to bodily functions or serious dysfunction of any bodily organ or part of the patient. Further “emergency medical services” shall include medical screening examinations conducted by hospital

emergency departments as required by the C. O. B. R. A. Act as found in 42 U. S. C.

Section 1395dd;

SECTION 6. This act shall take effect July 1, 1997, the public welfare requiring it.